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BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the month of September, 1854.

Lithotomy.—Number of cases, 4; recovered, 3; under treatment, 1.

Case 1. A boy, aged 12, in good health, under the care of Mr. Cock, in Guy's Hospital. No bad symptoms followed the operation, and he was quite well in a fortnight.

Case 2. A boy, aged 4, under the care of Mr. Paget, in St. Bartholomew's Hospital. The bladder was very large; and, on the operating table, some difficulty was found in forming a positive opinion as to the presence of a stone. Those present were, however, at length convinced, and the operation was performed. The stone proved a small one, and very light; its exterior was coated with minute crystals, which made it resemble sand-paper, and had prevented it from yielding, when struck by the sound, the usual chink of a smooth stone. The boy

had some little bleeding a few hours after the operation; but it ceased spontaneously, and he subsequently recovered well. *Case*

3. A boy, aged 3, in good health, under the care of Mr. Ward, in the London Hospital. Recovered without a bad symptom. It is worthy of note, that this boy's sister had also suffered from calculus, and had three years ago had the stone extracted after lithotomy, by Mr. Luke, in the same Hospital. *Case 4.* A man, in fair general health, but rather emaciated, and with some symptoms of phthisis, aged 25, under the care of Mr. Cock, in Guy's Hospital. A large stone was easily removed. On the fifth day after the operation, hemorrhage from the wound occurred. A flexible catheter was passed by the urethra, and the wound then plugged with sponge. The sponge effectually arrested the bleeding; it was retained *in situ* for three days, and then removed, after which no further hemorrhage took place. The urine at this period contained much mucus and phosphatic deposit,

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and the man had sunk into a very feeble condition. By the cautious employment of good diet, and the exhibition of an effervescent draught, containing in each dose five grains of the ammonio-tartrate of iron, he has since improved satisfactorily, and is now recovering.

Lithotripsy.—A man, aged about 60, of large make, and very stout, has just been discharged from the London Hospital, where he had been treated by Mr. Adams. After five or six operations, the stone appeared to have been all got rid of. The man was in good health, and had not suffered materially. He was the subject of a very large prostate. Mr. Adams believed the stone to have been of small size.

Lithotomy in the Female.—A girl, aged 6, in good health, was admitted into Guy's Hospital, under the care of Mr. Cock, suffering from a large vesical calculus. The operation for its removal was conducted under chloroform. Mr. Cock dilated the urethra until it would admit a small pair of forceps. The stone was then seized; and, while held forwards firmly, the urethra was divided on each side in a direction downwards and outwards, to the extent requisite to allow of the extraction. The stone was of peculiar shape, having a body about the size of a damson-plum, and a long curved neck, which had seemingly been moulded in the urethra. It broke during the operation, and was extracted in two parts. After the operation a catheter was passed into the urethra, and the vagina plugged with sponge, so as to support the incised parts in contact. Union by the first intention resulted, and the child recovered perfectly, without the least incontinence of urine. [The mode of operating in this case was similar to that we recorded in detail at page 111 of the *Med. Times and Gaz* for July 29, 1854.]

Herniotomy.—In Mr. Cock's case, No. 7, of last report, the patient has since recovered.

Number of cases, 11; recovered, 7; died, 4.

Case 1. A man, aged 23, under the care of Mr. Wormald, in St. Bartholomew's Hospital. Hernia of the congenital form, but never down before; of large size, and strangulated twenty-four hours. The stricture was the neck of the sack itself, and was very tight. The sac was opened, and the bowel was found much congested. Death from peritonitis followed on the second day.

Case 2. A man, aged 45, under the care of Mr. Ure, in St. Mary's Hospital. Hernia direct inguinal; strangulated eighteen hours; sac opened. The man did well for two days after the operation, when he was attacked by an acute carbuncular inflammation of the upper lip, which spread over the cheeks, and, in spite of treatment by free incisions, and the use of stimulants, caused death on the fifth day. At the autopsy, very slight evidences of peritonitis were found. *Case 3.* A man, aged 56, under the care of Mr. Thompson, in the Marylebone Infirmary. Some difficulties attended the diagnosis of this case; only one testicle existed in the scrotum, that of the right side being undescended. In the right inguinal canal was a painful swelling, which might have easily been taken for an inflamed testicle only. As the symptoms of strangulated bowel were present, however, it was determined to operate. The sac having been laid bare, it was found to be tightly constricted at its neck; and, having next been opened, was seen to contain a coil of bowel, which had been prevented from passing through the external ring by the testis, which in an atrophied condition was there situated, and served as a plug. The hernia was of the congenital inguinal form, and had been strangulated thirty-six hours. The bowels acted spontaneously on the second and third days after the operation, but subsequently the patient had symptoms of low peritonitis, and died on the fifth day. The bowel was found, at the autopsy, almost gangrenous at the part where it had been constricted. *Case 4.* A lad, aged 17, under the care of Mr. Birkett, in Guy's Hospital, hernia congenital, and strangulated about thirty-two hours. In the scrotum there was but one testicle, that of the right side being undescended. Both inguinal canals appeared full, and in neither could the swelling be diminished by pressure. The left side appearing rather the fuller of the two, although not painful, Mr. Birkett selected it for the operation. The sac having been opened, a knuckle of intestine, not much congested, was exposed, and was, after a little manipulation, returned without dividing the internal ring. The symptoms, which had been rather sharp, ceased immediately after the operation, and on the next day the patient might have been pronounced well. The swelling on the right side was of course the testis. *Case 5.* A woman,

aged 55, under the care of Mr. Prescott Hewett, in St. George's Hospital, hernia femoral, strangulated sixteen hours; sac opened, recovered. *Case 6.* A woman, aged 53, under the care of Mr. Thompson, in the Marylebone Infirmary, hernia femoral, strangulated seventy hours; sac opened. Recovered without a bad symptom. *Case 7.* A woman, aged 70, under the care of Mr. Ure, in St. Mary's Hospital, hernia oblique inguinal, strangulated eighteen hours; sac opened; recovered. *Case 8.* An infant, aged 5 months, under the care of Mr. Lane, in St. Mary's Hospital, hernia congenital, strangulated twelve hours, sac opened. A hydrocele on the same side complicated the case. Many attempts at taxis had been made before its admission. The testicle, when exposed, was found acutely inflamed, as if from bruising. After the operation, the child had convulsions, and subsequently an attack of scarlet fever. As it was recovering from the latter, the wound became affected by sloughing; ultimately, however, a perfect recovery ensued. *Case 9.* A man, aged 40, under the care of Mr. Ure, in St. Mary's Hospital, hernia scrotal. The protrusion had been down for some months, and had not recently increased in size. Slight but increasing symptoms of strangulated bowel had existed for several days; reduction could not be effected, and, in obedience to the surgical rule for doubtful cases, the operation was performed. The vomiting had not been severe, but the bowels were constipated. The sac having been opened, no bowel was found, but a mass of consolidated omentum only. This mass, about the size of a pigeon's egg, was cut away, and the bleeding vessels tied. Excepting some sloughing of the wound, the man made an unimpeded recovery. *Case 10.* A man, aged about 40, under the care of Mr. Pollock, in St. George's Hospital, hernia femoral, strangulated twenty-four hours; sac opened. Cholera came on after the operation, and was fatal. *Case 11.* A woman, aged 34, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital. She was in the third month of pregnancy. She had been the subject of an easily reducible femoral hernia for six years, and had suffered from symptoms of acute strangulation for five days. Her aspect on admission was extremely anxious, pulse very frequent, and so small as to be almost imperceptible; tongue foul and covered with

feces. There was hiccough, and it was said that she had passed no urine for five days. Mr. Clarke opened the sac, and found that it contained bowel and omentum. The gut, which was of a chocolate colour, was returned, and part of the omentum cut away. Vomiting and hiccough persisted for three days after the operation, when miscarriage took place. After the latter event, recovery gradually supervened, the exposed omentum sloughed away, and the wound healed. The woman was discharged well three weeks after admission.

Ligature of Arteries.—A boy, aged 5, was admitted, under the care of Mr. Ward, into the London Hospital, having just previously been stabbed by a knife in the middle of his left thigh. He had bled very profusely, and was pale and faint. From the amount of hemorrhage, and the position of the wound, it was rendered very probable that the femoral itself had been wounded, and Mr. Poulton, the House-Surgeon on duty, without delay, at once enlarged the wound, and exposed that vessel. An oblique wound, about the eighth of an inch long, from which the blood issued, was seen. An armed aneurism needle having been passed under the artery, its threads were separated, and one tied above and the other below the injured spot; the lower one, however, having a little slipped, did not quite get beyond the wound, and it was necessary to introduce a third still lower. All bleeding ceased, and the wound having been dressed, the patient was removed to a bed. On the fifth day after the operation pulsation in the posterior tibial was perceptible. The child did remarkably well throughout, and the ligatures came away without inconvenience.

Treatment of Aneurism by Compression.—Mr. De Morgan's case in the Middlesex Hospital continues under treatment.

Amputations.—The patient (*Case 16* of the report for May), on whom M. Pirogoff's modification of the amputation at the ankle-joint had been performed, died suddenly about two months after the operation. The cause of death being a large mass of tubercle in the brain, was not connected with the amputation. The condition of the stump was, however, not satisfactory. The portion of os calcis which had been left had been dragged by the muscles of the calf up behind the tibia, and a considerable part of it had necrosed, and would, if the man had

lived, have required removal subsequently.

Number of cases, 10; recovered, 5; under treatment, 1; died, 4.

Of the Thigh.—*Case 1.* A man, aged 63, under the care of Mr. James Lane, in St. Mary's Hospital, on account of compound fracture above, and extending into the ankle-joint. The tibia only protruded, and, after sawing off a portion, was easily reduced. The wound took on a sloughy condition, the leg was affected by erysipelas, and the condition of the limb was so threatening that it was deemed necessary to amputate on the sixth day. The man, who had been of very intemperate habits, had already become delirious, and much sunken. Very little blood indeed was lost at the amputation. Death followed on the second day, apparently from exhaustion. *Case 2.* A girl, aged 17, under the care of Mr. Tatum, in St. George's Hospital, on account of diseased knee-joint. She was in tolerable health, and recovered well. *Case 3.* A man, aged 19, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased knee-joint, of nine months' duration. The joint was disorganized, and the patient's health very much reduced. Recovered. *Case 4.* A man, aged 49, admitted into Hospital at 7 P. M., having, in a railway accident, sustained compound comminuted fractures of both thighs. Amputation of the left thigh was performed about eleven the same evening, the patient having then somewhat rallied. Death took place immediately after the operation, and before the flaps had been adapted. *Case 5.* A man, under the care of Mr. Pollock, in St. George's Hospital, on account of disease of the tibia, involving the knee-joint. He was the subject of Bright's disease, but he, notwithstanding, recovered well from the operation, and the stump healed kindly.

Of the Leg.—*Case 6.* A man, aged 35, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of compound fracture of the leg. Primary amputation was performed. The man was in good health, and recovered well. *Case 7.* A man, aged 35, admitted with a compound fracture of the leg, under the care of Mr. Curling, in the London Hospital. An attempt was made to save the limb, but, on account of the profuse suppuration, and the exhaustion induced, secondary amputation became needful one month after the acci-

dent. The man's state at the time was not of the worst, and he had good spirits, and was himself hopeful. For a week after the operation he did well; but, at the end of that period, severe rigors began to occur. It was at first hoped that, as the tongue continued clean and the appetite good, these might be dependent on some intermittent disease; but, ultimately, the symptoms of pyæmia developed themselves, and death, at the end of three weeks, took place. At the autopsy, secondary deposits of pus were found in the lungs and liver.

Of the Upper Extremity.—*Case 8.* A man, aged 55, under the care of Mr. Walton, in St. Mary's Hospital, on account of compound fracture of the humerus, extending into the elbow-joint. Primary amputation in the middle of the upper arm was performed. Is doing well. *Case 9.* A man, aged 22, admitted, under the care of Mr. Wormald, into St. Bartholomew's Hospital, for a crushed wrist. Primary amputation through the forearm was performed. Some erysipelas followed, but he ultimately recovered well. *Case 10.* A man, aged 31, under the care of Mr. Wardsworth, in the London Hospital, for compound fracture. Secondary amputation was performed three weeks after the accident. Death from pyæmia followed. Secondary deposits were found in some of the internal viscera.

Excision of Bones and Joints.—The three cases of excision of the knee-joint, under the care of Messrs. Fergusson, Statham, and Holt, in King's College, University College, and the Westminster Hospitals respectively, are doing well. In each case the patient may be deemed out of danger from the operation, and in the first and last the parts are nearly healed. Mr. Erichsen's case, in which the head of the femur had been excised, has been sent to Margate. The lad is in improved health, but an open sinus still exists. In *Case 6* of last month's report, the patient, a woman, aged 74, whose elbow-joint had been excised by Mr. Statham, in University College Hospital, is doing well. In *Case 8*, in which excision of the carpal bones had been performed, amputation through the forearm has since been necessary. The patient in *Case 3* of our report for July, a girl, aged 11, under the care of Mr. Urs, in St. Mary's Hospital, on whom excision of part of the os calcis, on account of abscess with carious disease, was performed, has recovered. The wound is

all but healed, and the surrounding thickening nearly removed. The child has been sent to the sea-side. In *Case 2* of our report for July, the result has not been satisfactory. The patient was a woman, aged 63, and on account of abscess within the os calcis, the excision of a part of that bone had been performed. The wound was afterwards affected by sloughing, and, after a three months' treatment in the Hospital, she was discharged, there being still a large portion of exposed bone. Amputation is the only remedy which could now be advised.

Numerous other cases remain under treatment in the different Hospitals.

During the month but one operation of this class has been performed. It consisted in the removal of a large portion of the astragalus. The patient is a man, aged 40, under the care of Mr. Cock, in Guy's Hospital, on whom a partial excision of the ankle-joint was performed a year ago. He has been an inmate of the Hospital ever since, and small fragments of bone have been repeatedly removed, but the persistent swelling and suppurating plainly showed that much disease yet remained. The entire astragalus, both malleoli, and the articular surface of the tibia, have now been removed. The condition of the foot has much improved since the last operation, and there is fair hope of a good result.

Excision of Malignant Growths.—*Case 1.* A woman, aged 56, under Mr. Curling's care, in the London Hospital, on account of scirrhus of the breast. One of the axillary lymphatics was enlarged. Excision of the whole breast was performed. Under treatment. *Case 2.* A woman, aged 50, under the care of Mr. Adams, in the London Hospital, on account of scirrhous growth beneath the cicatrix resulting from the excision of a tumour of similar nature five months before. The returned tumour was about the size of a large egg; it was found after removal to have suppurated in the centre, and to consist of a thin layer of hard cancerous material, surrounding a collection of ill-formed pus. The patient stated that she had suffered much more pain with the second than with the first tumour, and that it had also been more of a throbbing character. She is nearly well. *Case 3.* A woman, aged 48, under the care of Mr. Adams, in the London Hospital. The tumour was a lobulated growth of scirrhus, the size of a large fist, in the right breast. The entire

breast, together with much diseased skin, and a lymphatic gland from the axilla, was removed. The wound left was very large, but it has since healed well, and is now fast cicatrizing. *Case 4.* A woman, of middle age, under the care of Mr. Pollock, in St. George's Hospital. The whole breast was removed on account of scirrhus. Death from phlebitis and pyæmia resulted. *Case 5.* In the Middlesex Hospital, by Mr. Shaw, excision of the breast of a middle-aged woman, on account of scirrhus. *Case 6.* By Mr. Cock, in Guy's Hospital, excision of a growth somewhat resembling soft cancer, from the upper jaw of a woman, aged about 30. Eighteen months ago, Mr. Cock had opened the antrum, and removed from it, and from the nose, a considerable mass of the same nature as the present. It had grown again, but none of the lymphatics had become affected. The woman has been discharged, but some small masses of the same formation have already reappeared near the nose.

Amputation of the Penis.—Mr. Paget's case of amputation of the penis (No. 5 of last month's report, "malignant growths") has resulted in recovery. Some difficulty was encountered during the healing of the stump, on account of the tendency of the surrounding parts to occlude the urethra.

During the month, Mr. Paget has operated on the following case: A man, in fair health, aged about 40, the subject of congenital phymosis and hypospadias, but, nevertheless, the father of a large family. Epithelial cancer had attacked the glans and foreskin; there was no perceptible disease of the inguinal lymphatics. In amputating the part, Mr. Paget drew the integument far forwards, more especially below, and then cut through by a single sweep. After the incision the skin retracted, so as to leave nearly three-fourths of an inch of the penis exposed, rather a greater length being uncovered below than in other parts. The object had in view in removing so much skin from over the urethra was to prevent the latter from being covered by the dragging forwards of the skin during cicatrization. The case remains under treatment, and the plan promises to be successful.

Excision of Non-Malignant Growths.—

Case 1. By Mr. Ure, in St. Mary's Hospital; removal of a recurrent tumour from the breast of a woman, aged 35. The tu-

mour had been removed from the same part before, and was generally supposed to be malignant; but Mr. Ure examined it microscopically, and found only fibroid tissue without cells. The woman had an induration in the opposite breast, but it disappeared during her recovery from the operation. Recovered. *Case 2.* By Mr. Cock, in Guy's Hospital. Removal of a large and rapidly-grown tumour from the orbit. The patient was a boy, aged 9, apparently in good health. About ten months before it had been noticed, for the first time, that his left eye was protruded, and, the deformity increasing, it shortly became apparent that there was some tumour growing behind it. Six months later, a surgeon attempted to remove the latter by an incision through the mucous membrane of the upper lid. It was probable, however, that only a small part of the growth was thus removed, and no material diminution in its bulk resulted. When admitted under Mr. Cock, the eyeball was pushed forwards and outwards, and the upper lid distended. Mr. Cock made an incision the whole length of the latter a little below the border of the eyebrow, and then dissected backwards into the orbit. It was necessary to go as far back as the apex of the orbit before the posterior limits of the growth were reached. In so doing, the finger of the operator touched the optic nerve and the contiguous muscles. It appeared, however, that the whole of the tumour was at length removed. It had, perhaps, altogether, the size of a small walnut, and was inclosed in a thin cellular capsule, which divided it into lobes. It was of grayish-white glistening structure, did not readily crush into pulp on pressure, but was yet very soft. It could not be made to form an emulsion with water. Under the microscope, it showed adherent fibre-forming non-nucleated cells, and a little delicate fibrous tissue. The conclusion formed was, that it might probably prove a recurrent fibroid tumour, but did not possess any truly malignant character. The boy's progress, after the operation, was most satisfactory. The external wound healed with very slight suppuration, and the eye, which had been protruded, sank back into its place. Vision had been at first much interfered with, but it was afterwards quite regained. The levator palpebræ had of necessity been divided during the operation, since it passed through the tumour, and the

only deformity which remained at the time of the boy's discharge was from some dropping of the lid. *Case 3.* At page 192 of the *Medical Times and Gazette*, for August 20, 1853, the reader may find a detailed report of a case of "fibroid recurrent" tumour. The subject of it, a young woman, aged 21, has since submitted to three successive operations, under the care of Mr. Cock, in Guy's Hospital, one of which has been performed during the last month. She retains fair health, and the lymphatic glands have never been affected. The tendency to local reproduction is, however, most obstinate, and in spite of the freest excisions she has rarely been without the growth for more than a month or two at a time. It has always appeared on precisely the same spot, springing from the fascia of the thigh. *Case 4.* This case is almost the counterpart of the preceding, excepting that the patient is a man, and the site of the disease the outer side of the knee-joint. The man's age is 24; he has the appearance of good health, and is a patient in St. Bartholomew's Hospital, under the care of Mr. Paget. At various periods between 1851 and the present time he has, at the hands of Messrs. Skey, Stanley, and Paget, submitted to four excisions, in each of which the greatest care has been exercised to remove the whole. On the last occasion it had attained the size of a fist, and hung by a thick pedicle. Mr. Paget dissected away the skin around its base freely. It was found to spring from the subcutaneous fascia. The wound is fast healing. *Case 5.* By Mr. Cock, in Guy's Hospital, excision of a large ill-defined tumour from the outer part of the thigh of a child aged two years. The growth was of congenital origin, but having increased in size, threatened to become inconvenient, and the excision was accordingly determined on. It was found to merge into the surrounding cellular tissue and fat so gradually that no boundaries could be found. It consisted of a firm fibrous tissue arranged in bands, containing numerous cysts, and inclosing much firm granular fat. The cysts were elongated in shape, and often communicated with each other. It was conjectured to be a nevus which had undergone intra-uterine degeneration. The mass removed was about the size of half a fist, and the wound made was necessarily large. Some sloughing of the wound, and great swelling of the whole thigh, followed; but

it afterwards passed off, and the child is now recovered. *Case 6.* Excision of a fatty tumour from the abdominal walls, by Walton, in St. Mary's Hospital. The frigid mixture had been applied, but failed almost wholly. The wound did not heal well.

Case 7. Excision of a fatty tumour from the thigh, by Mr. Critchett, in the London Hospital. This case and the preceding one are noticed at page 342, of the *Medical Times and Gazette*, for September 30.

Case 8. By Mr. Thompson, in the Marylebone Infirmary, excision of an encysted tumour, the size of a goose-egg, from the labium of a woman. The tumour had projected into the vagina, and was closely adherent to the rectum. It contained a thick fluid, not fetid, and which showed, under the microscope, abundance of fatty matter, and plates of cholesterine.

Case 9. By Mr. Lane, in St. Mary's Hospital, excision of a fatty tumour from beneath the clavicle of a girl, aged 18. Recovered.

Case 10. By Mr. Coulson, in St. Mary's Hospital, excision of a fibrous tumour the size of a pigeon's egg from the breast of a woman, aged 25. Recovered.

Case 11. By Mr. Solly, in St. Thomas's Hospital, excision of the breast on account of a lobular hypertrophic growth. There were also several enlarged glands in the breast. The whole organ was removed. The patient has since suffered much from erysipelas and diarrhoea, and her recovery is very doubtful.

Case 12. By Mr. Pollock, in St. George's Hospital, excision of a congenital sebaceous tumour on the face of a boy, aged 17. Recovered.

Case 13. By Mr. Ward, in the London Hospital, removal of a large tumour of doubtfully fibrous nature connected with the vomer and the nasal bones. The patient was a man, aged 58. Twenty years ago he had had a polypus extracted from the left nostril; not many years after which he became aware that there was something growing high up in the nose. Three years and a half ago a surgeon in the country removed, by external incisions, a tumour which had projected over the left nasal bone. The patient himself did not think that the whole was removed—at any rate, very shortly afterwards, it began to increase again. When admitted under Mr. Ward's care, some rounded, very hard masses had pushed out the nasal bones, and projected considerably in front of the level of the forehead. Growths of a similar

nature could be seen in the left nostril, and it was doubtful how far backwards and upwards the growth extended. Several rather profuse oozings of blood had occurred, by which the man's appearance had been rendered very anæmic, but otherwise there were no indications of malignancy. After much consultation, Mr. Ward determined to attempt its removal. The operation consisted in dissecting up the integument of the whole nose, and the cutting away part of the vomer, the nasal cartilage, both nasal bones high up, and part of the nasal process of the left upper maxilla. The tumour was found to have no adhesions posteriorly, and, after the bones had been divided, was got away whole and without much difficulty. It consisted of several rounded lobes joined together, and its section showed a whitish and fibrous-looking surface. The man did remarkably well after the operation, but a very small portion of the integument sloughed, and there was hope that, notwithstanding the great disadvantages, he might save a very respectable nose. On the twelfth day, however, he suddenly was taken ill, and died. The *post mortem* showed pneumonia of the right lung, and a large quantity of muco-purulent matter in the trachea and bronchi.

Case 14. By Mr. Adams, in the London Hospital, excision of a fatty tumour from the back of a woman. Recovered.

Cysts in the Upper Jaw.—*Case 1.* A young woman, aged 18, admitted into Guy's Hospital, under the care of Mr. Cock, having for some time suffered from a painful swelling of the gum of the left side of the upper jaw over the incisor teeth. An incision had been made into it by a surgeon who had previously seen her, and a portion of gum removed, but without benefit. It was found that the permanent lateral incisor tooth of that side had not appeared, and that its position was still occupied by a small deciduous one. Mr. Cock's diagnosis was that the tumour was probably connected with some malposition of the permanent tooth. Mr. Salter, the dentist to the hospital, saw the patient, and extracted the deciduous tooth, which was found firmly fixed, and its fangs unabsorbed. No further information as to the nature of the swelling in the jaw was gained by this measure. Mr. Cock determined accordingly to open the swelling and examine. This was done by means of small bone forceps, by which,

after the gum had been detached, a portion of the anterior part of the jaw, just above the alveolar process, was cut away. A cavity of irregular shape, and about capable of containing a large marble, was laid open, and, after some search, the wanting tooth was found at its further extremity. The tooth was a large, fully-formed permanent incisor, beautifully white, and complete in every respect, excepting that its fang terminated abruptly in a rounded end at about its middle. The wound was left to heal by granulations, which it rapidly did without any inconvenience. It is intended, by the aid of the dentist, to have the tooth fixed in the position it should have occupied. *Case 2.* A girl, aged 14, under the care of Mr. Hilton, in Guy's Hospital, on account of a large prominent swelling of the left upper maxilla. Mr. Hilton diagnosed a cyst either in or connected with the antrum. The operation consisted in dissecting up the gum and soft parts, and then, with a strong pair of scissors, opening the front wall of the swelling, which consisted of thin and expanded bone. Nearly two ounces of thick, glairy fluid escaped. Some lint was afterwards introduced into the wound. After some slight suppurating, during which a lotion of the sulphate of zinc was used as an injection, the cavity filled by granulation, and the wound closed. The cure was complete, and all deformity of the cheek subsequently disappeared.

Puncture of the Bladder.—A man, aged 33, was admitted, in a state of intoxication, into Guy's Hospital, under the care of Mr. Hilton, suffering from complete retention of urine. Although the condition was believed to be spasmodic only, and was stated to have lasted but seven hours, yet the bladder was greatly distended, and the symptoms urgent. Attempts at catheterism had been made before his admission without any success. It appeared that undue force had been used in these attempts, for Mr. Hilton, on trying the instrument, found that it passed out of the urethra, by what seemed to be a large rent, into a cavity in front of the prostate. This cavity contained fluid blood, which could be felt as a fluctuating swelling externally in the perineum. Under these circumstances, Mr. Hilton despaired of being able to introduce the catheter, and, considering that the urethra would better repair the damage it had sustained if it were freed from the irritation

of the urine for a time, he determined to puncture the bladder. The operation was performed by the rectum in the usual way, and immediately relief to all urgent symptoms was afforded by it. On the third day after the puncture some urine escaped per urethram, and on the day following the instrument was accordingly withdrawn. The man has recovered without any drawback, and can pass his water in full stream. The extravasated blood in the perineum has been absorbed.

Removal of Necrosed Bone.—Several operations of this class have been performed, mostly with good success. In one, under the care of Mr. Simon, in St. Thomas's Hospital, a very large sequestrum was removed from the humerus of a boy; and, during the operation, a fracture of the new bone took place. The case is now doing very well. A second case, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, was of interest, on account of the affected bone being the malar. But little deformity followed the removal of the necrosed fragment.

Tracheotomy.—*Case 1.* A female child, aged 3 years, under care in the Middlesex Hospital for croup. The symptoms had lasted twenty-nine hours, when they became so urgent that tracheotomy was determined on. It was performed by Mr. Moore. Death from the original disease ensued in nine hours. *Case 2.* A man, aged 40, who had on previous occasions been frequently an hospital inmate on account of extensive syphilitic disease of the pharynx and palate, was brought into the London Hospital all but dead from laryngeal obstruction. Mr. Thornhill, the house-surgeon in charge, at once performed tracheotomy, and afterwards resorted to artificial respiration. The latter aid had to be continued for nearly three-quarters of an hour before the man recovered. He did, however, ultimately rally, and was sufficiently restored to be able to write on a slate, "I feel all right now." The instrument used had been Dr. Marshall Hall's tracheotome, and, during the urgent symptoms, it had been left in the wound. The operator now attempted to substitute for it a canula, and to withdraw the blades; in doing so, however, hemorrhage was caused, probably from wound of part of the thyroid body; the blood flowed into the trachea, and almost immediate death ensued. *Case*

3. By Mr. James Lane, on a patient under the care of Dr. Chambers, in St. Mary's Hospital. Symptoms of laryngeal obstruction connected with chronic inflammation had become urgent. The operation was quite successful. The wound was afterwards allowed to close; and, about a month later, it became necessary to again operate, on account of very urgent dyspnoea. The second operation was performed by the house-surgeon, Mr. Ormerod, who selected a part a little below the original wound. The man is now doing well.

Operations for Extravasation of Urine.—

Case 1. A man, aged 31, was admitted into the Middlesex Hospital, under the care of Mr. Henry, suffering from retention of urine and extravasation into the perineum and scrotum, the results of a permanent stricture. Mr. Henry made very free incisions into the affected parts, and also divided the stricture of the urethra. Profuse suppuration and much sloughing of the parts followed, and the patient died of exhaustion on the twentieth day. *Case 2.* A man, aged 45, admitted into St. Mary's Hospital, suffering from extravasation of urine into the perineum. He was extremely ill, and the account given was that for long he had been the subject of permanent stricture. Mr. Smith passed a staff down the urethra as far as the spot where the rupture had taken place, and then cut down upon it. A very large abscess was opened, by which the membranous urethra had been quite surrounded. The man improved after the operation, and the next morning was much better. In the evening of the following day a profuse attack of secondary hemorrhage took place, and caused almost immediate death.

Ligature, etc., of Navus.—These operations have been successfully performed in several cases. Three cases were under the care of Mr. Athol Johnson, in the Hospital for Sick Children, and in one of them the operation by subcutaneous ligature had been previously performed at another hospital. The disease was on the scalp, and was partly cutaneous and partly subcutaneous. It was about the size of a sixpence. Mr. Johnson tied it by means of needles passed through its base, and surrounded by a ligature.

Plastic Operations. For Closing of an Opening in the Urethra.—A boy, aged 9, was admitted into St. Mary's Hospital,

under the care of Mr. Lane, on account of an aperture in the floor of the urethra, about half an inch long, and commencing just in front of the scrotum. The condition had resulted from an accidental laceration of the part. Mr. Lane pared the margins of the opening, and brought their edges together by numerous interrupted sutures, uniting first the mucous membrane, and afterwards the skin. A flexible catheter was retained in the urethra. Union, excepting at one spot, resulted. There now remains a small round hole; for the closure of which, we believe, Mr. Lane contemplates a second operation.

For Vesico-Vaginal Fistula.—Mr. Baker Brown has operated, in St. Mary's Hospital, for this condition, on a woman who had previously been several times submitted to similar procedures with much benefit, but without complete cure. The last operation consisted in paring the edges of the aperture, making lateral incisions to prevent tension, and then uniting the margins of the hole by sutures. Sloughing of the mucous membrane followed, and no benefit was obtained.

For Vaginal Rectocele.—In a case of this kind, of severe character, Mr. B. Brown performed his usual operation for diminishing the size of the vagina, with very good results.—*Med. Times and Gaz.* Oct. 21, 1854.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform. By G. HUFF, M. D., of Lexington, Ky.—A married lady, 33 years of age, very tall, with auburn hair, and of a nervous temperament, with very large anterior cranial development, and a powerful intellect (she had studied law, medicine, and divinity), who was suffering with neuralgic pains in the lumbar region a short time since, desired me to administer chloroform to her, in order to mitigate the pain. I positively refused to do so, and informed her that her nervous system was too weak to take it with safety. The following day she was said to have suffered more, and, as I was informed, most excruciatingly; and her friends administered chloroform at intervals for twelve hours before I saw her again. When next seen, she appeared as if just aroused from a chloroform stupor;

she had a very fine pulse, indeed I could scarcely detect any. I inquired if she had not inhaled chloroform; and the reply was in the affirmative. I informed her friends that she must have *no more*. She, in a very imploring manner, desired me to let her have some. I never saw a bacchanalian more solicitous for his cups, than this lady was for chloroform. At this juncture, I applied galvanism in order to excite circulation; and in fact I was obliged to increase the current to a very high tension before I could excite sensation. After it was partially restored, I discontinued its use, and she slept one hour, as I supposed, naturally. She then aroused, and again plead for chloroform. Her pulse continued the same (very fine); after a short time she was taken with coma, which continued for two hours; at the end of which time she aroused, apparently in great distress, and continued in that condition two hours. The power of voluntary motion and sensation appeared now to be gone; but the pulmonary branches of the *par vagum* continued to excite, through the medulla oblongata, the involuntary movements of the thorax; and as the cranio-spinal axis became involved, and reflex power ceased, breathing ceased, and, of course, life became extinct, at the end of twelve hours from the time I found her under the influence of chloroform, and twenty-four hours from the time it was first administered. I am of opinion that if the application of electricity had been persevered in, she would have recovered from the effects of chloroform.—*New York Medical Times*, Oct. 1854.

Improved Stethoscope.—Dr. CAMMAN, of New York, has invented a new stethoscope, which intensifies, to an extraordinary degree, every sound heard in auscultation. This intensity is produced by both ears of the observer being acted upon at once, and the ear-pieces of the instrument fitting tightly into the meatus of both ears, all external sounds are more thoroughly cut off, and the mind of the auscultator is thus forcibly drawn to the phenomena taking place within the thorax.—*Ibid.* Dec. 1854.

American Medical Association.—The eighth annual meeting of the American Medical Association will be held in the city of Philadelphia, on Tuesday, May 1, 1855.

The secretaries of all societies, and other

bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*; and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article Second of the Constitution:—

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The Faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of army and navy medical bureaux. The number of delegates so appointed, shall be four from the army medical officers, and an equal number from the navy medical officers."

FRANCIS WEST, M. D.,
352 Chestnut Street, Philad.,
One of the Secretaries.

The medical press of the United States is respectfully requested to copy the foregoing.

American Medical Association. Prize Essays.—At the meeting of the American Medical Association, held in St. Louis (Mo.), in May last, the undersigned were appointed a committee to receive and examine such voluntary communications on subjects connected with medical science as individuals might see fit to make, and to award two prizes, of one hundred dollars each, to the authors of the two best essays. Notice is hereby given, that all such communications must be sent, post-paid, on or before the first day of April, 1855, to R. La Roche, M. D., Philadelphia. Each communication must be accompanied by a sealed packet, containing the name of the author, which will not be opened unless the accompanying

communication be deemed worthy of a prize. Unsuccessful papers will be returned on application to the Committee, at any time after the first day of June, 1855; and the successful ones, it is understood, will be published in the *Transactions of the Association*.

R. LA ROCHE, Phila.,

Chairman.

ISAAC HAYS,

G. W. NORRIS,

ALFRED STILLE,

JOSEPH CARSON,

J. B. BIDDLE,

JOSEPH LEIDY.

Philadelphia, Jan. 1855.

Boylston Prizes.—The Boylston prizes, for 1854, of sixty dollars each, have been awarded to Silas Durkee, M. D., of Boston, for the best dissertation "on the Constitutional Treatment of Syphilis," and to Geo. H. Lyman, M. D., "On the Non-Malignant Diseases of the Uterus." Question for 1855 is, "On the Diagnosis of the Diseases of the Urinary Organs;" and for 1856, 1. "The Nature and Treatment of Asiatic Cholera;" 2. "The Nature and Treatment of Aneurism by Anastomosis."

OBITUARY RECORD.—It is with profound regret that we announce the death of Dr. SAMUEL PARKMAN, of Boston, for a number of years Demonstrator of Anatomy in Harvard University, and one of the Surgeons to the Massachusetts General Hospital. Dr. P. was a very skilful and accomplished surgeon, and a gentleman of the highest character, much esteemed by all who knew him. He fell a victim to typhoid fever, on the 15th of December, 1854.

FOREIGN INTELLIGENCE.

Death from Chloroform at Guy's Hospital.—Another death from chloroform occurred at Guy's Hospital, on the 5th of December last. The patient was a woman, aged 56, who had a malignant ulcer on the left leg, the extreme pain of which induced Mr. Birkett, and the other surgeons, to advise amputation. There were ulcers on both legs; those on the right being of simple character, and the ones on the left having only assumed a cancerous nature about a year ago. In each eye was a fairly-marked arcus senilis, but the woman was not known to have suffered any symptoms referable to thoracic disease. She

had, it is believed, never before taken chloroform. The amputation having been decided upon, she was placed on the operating table at about a quarter past one on Tuesday morning, in order to its performance. The administration of the anæsthetic was conducted by Mr. Bryant, the inhaler used consisting of a fold of lint, rather larger than an out-spread hand, and protected on its back by a piece of oiled silk to prevent wasteful evaporation. This plan is the one which is ordinarily used at this hospital—no towel is thrown over the patient's face, and the lint is held at a greater or less distance from the nose, according to the effect produced, being never quite close. In the first instance, about a drachm of the fluid was poured upon the lint. The patient inhaled it kindly; and, after about two minutes, another drachm was added. A stage of excitement now followed, during which the limbs required to be held. Insensibility was just fully established, and Mr. Birkett was on the point of commencing the operation, when Mr. Callaway, who was compressing the femoral artery, exclaimed that the pulse had suddenly ceased entirely. The wrist was examined, and the same found to be the case. Almost immediately afterwards, a long-drawn inspiration, attended with a deep sighing noise, was observed. For two or three breaths the cheeks puffed out during expiration; the respiration next fluttered, and then ceased. Mr. Birkett at once put his finger into the patient's mouth, and drew forward the tongue, artificial respiration being meanwhile commenced by assistants by means of compression of the chest. A few slight inspirations were attempted by the patient subsequent to the commencement of the artificial assistance; but they did not continue, and no sign of vitality was ever afterwards shown. The means of resuscitation adopted, consisted in the application of the galvanic current, the dashing of the chest with cold water, and the continued use of artificial respiration. Ten minutes at least, had probably elapsed before galvanism was resorted to. The whole period during which the above means were persisted with, was perhaps about half an hour.

It must be noted, that the woman had been very pale, both before and throughout the exhibition, and that no change in her appearance was perceived when the alarm-

ing symptoms occurred, excepting that the superficial veins of the neck and temple became distended with blood. The cessation of the pulse was most sudden. Mr. Callaway stated, that it was not preceded by the least premonitory fluttering, the stroke having been good one beat, and entirely wanting the next. This order of symptoms was of course suggestive of death, beginning at the heart (cardiac syncope), the cessation of the functions of the nervous system having been markedly subsequent to that of the circulation. That the death of the cerebro-spinal system (for want of blood) had followed in its usual course from above downwards, was proved by the continuance of respiratory efforts; for, a short time after that, by their puffing movements during expiration, the cheeks were shown to be paralyzed. Mr. Birkett expressed a confident opinion that the heart would be found to be fatty.

Autopsy twenty-four hours after death (conducted by Dr. Wilkes).—The corpse was much emaciated, and the *rigor mortis* imperfect. The lungs were much congested with fluid blood, which ran out after incision of their substance. The heart was of normal size, but soft and flabby; its left side was nearly empty, the right being distended with fluid blood. The left ventricle was of good thickness, its muscle of deep colour, not encroached on by fat, or in the least mottled, the only observable departure from a healthy state being its flabbiness. The right ventricular wall was very thin, the subserous fat, having in some parts almost taken the place of the muscular tissue. The layer of the latter, however, although much thinned, had still a good colour, and did not appear to the naked eye as degenerated, an observation which may apply also to the *carnea columnæ*. The liver was in an early stage of cirrhosis, and the kidneys were both of them mottled, and contained numerous small cysts in the external part. The brain was rather paler than usual, its convolutions appeared shrunken and atrophied, and there was a quantity of serous fluid in the arachnoid sac and in the ventricles. There was general atheromatous disease of the arterial system, both in the head and other parts of the body. The blood was universally fluid, and of a dark colour.

From the extent of organic disease thus brought to light by the *post-mortem*, the idea naturally suggests itself, that even had

the patient recovered from the chloroform, and the immediate effects of the operation, she might not improbably have sunk subsequently. As to the mode of death, the conditions discovered tend to support the conclusion arrived at from observation of its stages, with the addition of making it probable that the right side of the heart had first ceased to act. The circumstance that respiratory efforts were the latest evidence of remaining vitality, in nowise militates against such a conclusion, since it proves only the yet existent integrity of the nervous system, and has but little reference to the persistence or otherwise of the pulmonary circulation.

It should have been stated above, that the quantity of chloroform employed had not quite amounted to two drachms, and, as far as could be estimated, the time occupied in inhalation had been about three minutes. —*Med. Times and Gaz.* Dec. 9, 1854.

Death from the Inhalation of Chloroform.

—Prof. DUMREICHER related the following case at the meeting of the Vienna Society of Physicians, held on the 16th November, 1853. A lad, aged 19, was placed under the influence of chloroform, in order to have his ankylosed knee-joint forcibly extended. The patient was laid in the recumbent posture; and half a drachm of chloroform having been poured upon a sponge placed in a vessel resembling a snuff-box, the anæsthetic was held to his nostrils, in such a manner as to allow of free respiration by the mouth. The inhalation was continued for fifty seconds, and the patient had spoken a few seconds previously, when Professor D. observed that the pulse had become frequent and undulating. He immediately suspended the administration of the anæsthetic. Trismus occurred; the respirations became irregular; the face turned livid, and he foamed at the mouth. Insufflations of air, aspersions of cold water, compression of the thoracic walls, frictions, irritating vapours to the nostrils, and latterly the abstraction of $\frac{3}{4}$ viij of blood from the external jugular vein, were all tried in vain. In a quarter of an hour he was dead, and during this space of time a feeble attempt at inspiration was once observed. The patient had been much addicted to masturbation, and had indulged in that vice shortly before the operation. On *post-mortem* examination, there was found no anomalous appearances,

except some hemorrhagic erosions of the stomach. The chloroform was analyzed and found to be quite pure.—*Month. Journ. of Med. Sci.* Oct. 1854, from *Zeitsch. der Gesells. der Aerzte zu Wien*, 1854.

Chloroform in the Field of Battle.—An artillery surgeon, in a letter dated Heights of Sebastopol, Nov. 13, writes: "I hear there is a great cry against our not using chloroform; but, the more I see, the more strongly am I convinced that it is not of much value in the field; it reduces the number of medical men available for duty. It would be simply murder to leave the administration of it to any but educated hands, and seldom can you get more than one doctor to assist at an operation; for instance, I had to amputate a leg and an arm, with only my servant as an assistant; and how many others have had to operate under even more unfavourable circumstances, I cannot say, but they were many. Another reason is, that the shock of a wound which requires immediate amputation is so great, that chloroform depresses the sufferer still more. Operating in the field, and in a well-found hospital, are vastly different affairs."—*Med. Times and Gaz.* Dec. 9, 1854.

Abuse of Chloroform in Midwifery.—DR. ROBERT LEE has forwarded to us a letter from Mr. E. PARKE, of West Derby, from which we select the following passages: "The profession and the fair sex owe you a deep debt of gratitude for your manly, able, and convincing paper on the subject of chloroform and its attendant dangers when administered during parturition. At one time I used to give it frequently, but latterly I have suspended it, from careful and unbiassed judgment as to its baneful results. I never had but one nearly fatal case; but in many I have had to deplore its effects; and the little amount of good derived in some cases from it, is sadly outweighed by its concomitant dangers. As you have given seventeen cases, I think every medical man is in duty bound to assist you in putting down its indiscriminate use in midwifery, and entering his most serious protest against it. In the year 1849, Mrs. M. engaged me to attend her in her third confinement, and having suffered rather seriously in her previous ones, she begged of me to administer chloroform. It was a case of twins, and when the first was

born she felt exhausted and fatigued, and finding the arm of the second child was presenting, and turning would be necessary, I thought it probably might be of service. I avoided carrying it to insensibility, and she was perfectly conscious of all that passed during the operation; and when over, expressed herself most grateful for the blessing of chloroform. She had scarcely given vent to her feelings, when she complained of a violent pain in her head, became delirious, tore the nurse's gown and the bed-curtains into pieces, and was perfectly maniacal. Flooding came on to a fearful extent, and incessant sickness. I managed to extract the placenta, and owing to the feeble contraction of the uterus (and this latter condition I am confident it often produces), I was kept grasping it for four or five hours. The vomiting continued eight hours without intermission, the headache remained for weeks, and her recovery was very protracted, far more so than on former occasions."—*Med. T. and Gaz.* Dec. 2, 1854.

Medical News from the Army and Navy in the East.—The ambulance corps has been a failure. The debauched old pensioners, of whom it was mainly composed, were swept away by the cholera at Varna. The carriages even were not in the field at Alma; the wounded had to be carried to the beach, a distance of two miles and a half, on stretchers, or mostly on such temporary contrivances as seamen's hammocks slung on oars. One thousand seamen were employed for three successive days in carrying the wounded to the beach. All the disengaged medical officers of the fleet were likewise employed in whatever way they could make themselves useful; and yet a great number of the amputations were secondary; indeed, many capital operations remained to be performed on board the transports in the voyage down to Scutari. Only one army officer was detached to accompany the more than 2,000 wounded and sick sent to Constantinople after Alma. The naval men went with them cheerfully, and laboured night and day for the poor fellows. Yet Lord Raglan, in his despatch, mentions only the services of the executive officers and seamen. There is not a word said in that or any subsequent despatch of poor Mackenzie even, who, having accompanied the army as an amateur, laboured hard after Alma, performing brilliantly

many most important operations on the field. A few days after Alma, he died of choleraic diarrhoea, brought on by fatigue, hardship, and privation. But, if the "commander of the forces" has been unmindful of these professional services to his army, the brave wounded men of the battle of Alma, both officers and privates, have not been ungrateful. They have been loud in their expression of thanks to the medical officers of the navy. That old war-surgeon, Guthrie, has always contended that there is no hemorrhage from gunshot wounds. Alma has borne him out. Some of the wounded were not brought in till the third day; yet I heard of no deaths from loss of blood. There was no instance, I believe, of any immediate serious bleeding from any of the wounds at Alma. There is still a perfect delusion about hemorrhage from gunshot wounds in the navy. No sooner is a man wounded, however slightly I would say, in any of the extremities, than the limb is immediately strangled by a rude contrivance called a temporary tourniquet—of which there are hundreds distributed about the "quarters" in all ships. No great harm is done, as, fortunately, medical assistance is always at hand in men-of-war. Not long ago, a marine, in one of the ships in this fleet, having cut his throat, and the circumstance being reported to the mate of the watch, his first expedient was to call for a tourniquet! * * * * *

There is much less cholera now among the troops, but diarrhoea still prevails greatly. It will appear by and by, when the public, having recovered their sober peace senses, and can be brought to listen to the dark side of the war, it will appear, that in point of sickness and mortality, this has been one of the most disastrous campaigns on record; 10,000 men have disappeared from the ranks since the army landed in the Crimea. Many of them are only sick, it is true, and will soon again appear on the scene. The Russians, the poor soldiers say universally, are nothing to the cholera and diarrhoea. The next thing will be scorbutic dysentery, for they have been since they landed almost constantly on salt provisions; and there are no prospects of better fare, while also the cold wet weather will now soon set in. In the affair of the ships against the batteries on the 17th, the wounds were principally from fragments of shells. In naval actions, in the present day, "we are all rowing in

the same boat." The surgeon of the Albion was wounded in the cockpit. Some of the men in the same ship wounded first at their guns, were a second time wounded in the cockpit, where they had been carried for shelter and medical attendance. * * *
—*Med. Times and Gaz.* Nov. 18, 1854.

Letter to the Minister of War from Dr. MICHEL LEVY, Chief Physician to the Army in the East:—

"UNDER SEBASTOPOL, Oct. 27.

"M. LE MARECHAL: The siege is proceeding with vigour. The daily number of wounded, however, is not considerable. It varies from 16 to 22, and the killed from 6 to 8. From the opening of the siege to the 23d of October, the total number of wounded, including cases of mere contusions and slight wounds, which constitute the majority, amounts to 718, and that of killed to 98. On the 25th, 320 sick were embarked for Constantinople, and there remain at present 1,008 sick in the ambulances. Of these 137 only are wounded. Thus the duties of the medical department are more arduous under the fire of the batteries of Sebastopol than those of the surgical department. I visited, in detail, all the sick, and have ascertained—1st. That one-third only are seriously ill; 2d. That the two other thirds are in a debilitated state, but certain of recovery. The General-in-Chief has ordered measures necessary to improve as much as possible the position of our sick. The Turkish wounded are attended in our ambulances. I visit as often as possible the ambulance in the trenches. It is placed under the care of the different surgeons of the army ambulances, who relieve each other daily. This service, which is not without danger, is a post of honour, and a practical school of military surgery. Our wounded, and those who have undergone operations, continue to furnish a remarkable proportion of cures; thanks to the care taken of them, and the skill of their operators, the most distinguished of whom are Messrs. Scrive, Thomas, Marmy, Gœury, Secourgeon, Perier, Bourguillon, Colmant, etc. No army ever received medical and surgical assistance more prompt, more methodical, more complete, or more assiduous. Under the walls of Sebastopol and at Constantinople, we have a number of talented practitioners vying with each other in skill for the benefit of our sick and wounded.

The ambulances, installed on the table-land above Sebastopol, amid the roaring of the artillery, exhibit, by their regularity and excellent organization, the best specimens of those temporary establishments. Not a single case of cholera or lock-jaw has manifested itself of late among the wounded. The internal diseases are chiefly diarrhoea, dysentery, devoid of intensity, light intermittent fevers and gastric fevers, some of which are accompanied by cerebral congestion. The cold of the nights produced a few cases of bronchitis. The fleet reckons between 500 and 600 scorbutic patients, of whom the most seriously attacked have been landed. The army is completely free from that affection, and the daily distribution of fresh bread, and the very frequent distribution of fresh meat, preclude the possibility of its manifestation. The morale of the army is also a protection against it. Notwithstanding the toils attending the duties in the trenches, and certain privations, the soldiers continue in high spirits. The General-in-Chief is constantly among them, seeing after their wants, and the certainty of an approaching triumph is another element of hygienic preservation."—*Ibid.*

The latest News from the Army in the Crimea.—The following extracts, from a letter written by a surgeon of the Guards, dated Camp before Sebastopol, November 12, will be read with interest:—

"The day before the battle [of the 5th Nov.] was a most miserable specimen of the Crimean winter—cold, damp, and rainy; a thick fog prevailing, and obstructing the view of the surrounding hills. I had, luckily, on that morning sent away to Scutari several sick men, upon whom it was evident no treatment in our situation could be of any avail. This is what we continually have an opportunity of doing as ships arrive, and it is a great boon to the patient, as well as being advantageous in results to the medical officer, who in these times must have great responsibility on his mind.

"At six o'clock, on the morning of the 5th, I was outside my tent, about to visit the sick, who at that time numbered thirty-nine. The fog was so dense and heavy that I could scarcely discern any object fifty yards in front of me. There was some little firing of musketry towards the hill overlooking the encampment of the 2d Division, but not very rapid; and, as it is no unusual occurrence for the outposts to exchange a

few shots, I did not think much of it, but paid the usual morning visits, and signed the reports. At this time, however, it was quite evident that something more than ordinary was about to occur. I took a bit of biscuit, and immediately mounted my horse, and, giving directions that the usual preparations might be made for the reception of the wounded, rode off to the battalion, which was encamped about 500 yards distant, and where my assistant had pitched his tent. The firing was now most severe, and the shells were bursting ahead of us in every possible direction about 250 yards in advance. I came upon some of the tents of the 2d Division, and here I first saw some wounded men of that division being carried to the rear, and could see in front of me still some Guardsmen carried on stretchers, to whom I at once advanced. We were now in the midst of the encampment, and I had directed that two of our poor wounded soldiers should be laid down under cover of one of the large hospital marquees until one of the ambulance wagons of our division, which I saw advancing, should arrive. Here, also, was Dr. Robinson, of the Fusilier Guards, attending to the more pressing wants of some men of his regiment. The ambulance wagon arrived, and we had filled it with the wounded of the brigade. My assistant, Dr. Ricketts, was in front, superintending the transport of some more wounded men to my position. The whizz of the shot and explosion of shell were at this moment incessant. While in the act of turning round to remount my horse, a shot passed through the leg of my trousers, and when in the act of remounting, a round shot came through the tent, and at the same instant my poor horse fell, having been shot through the head, his brains sprinkling my face. This, however, was not all. One of our poor soldiers had just shown me his hand, which was smashed, and, having directed him to make the best of his way to my field hospital, he was in the act of picking up his piece to do so, when, at the same time that my horse fell, I heard him cry out and saw him fall by my side, shot through the body. I hear, also, that several sick men were killed by the explosion of shells, while lying in the hospital tents. I now walked back to see how many wounded had arrived at the field hospital; but, as no very serious cases had yet appeared, I went across to our general's tent, who had been wounded in the arm. A servant then came,

desiring that I would go to Lord Charles Fitzroy, whom I found badly wounded through the neck; but, on my way thither, I met poor Captain Ramsden, being carried on a stretcher; he was evidently most dangerously wounded, and I had both of them taken to my tent, that I might be able to visit them occasionally with greater facility during the day. Poor Ramsden only lived for an hour; he was mortally wounded through the chest; but, independently of his death-wound, he had received no less than six bayonet wounds in different parts of the body, while lying helplessly wounded on the ground, and imploring the advancing enemy to leave him. Never shall I forget his countenance as he grasped my hand, and pointing to his wounds, told me at intervals of the barbarous and cruel treatment he had received. The wounded were now fast arriving, and, having abundance of assistance from medical officers of other regiments, who had kindly volunteered their services, we commenced their treatment.

"The wonderful patience and endurance of suffering I witnessed on this occasion were beyond anything I could have conceived possible; and surely the heartfelt thanks of the poor soldier, conscious of a benefit conferred upon him, must be a very grateful reward for the attempt to perform one's duty conscientiously. Our wounded were all transported to Balaklava, for conveyance to Scutari, as soon as possible, and when I tell you the number of wounded in this battalion alone, it will appear incredible how much could be done in so short a time.

"I inclose you my return of casualties in action:—

	Killed.	WOUNDED.				Total
		Dangerously.	Severely.	Slightly.		
Officers	4	4	5	—	9	
Non-com. officers	5	—	5	5	11	
Privates	57	23	29	55	107	
Total all ranks	66	27	39	61	127	

"You will be interested, also, to know that eighteen operations were performed in my field-hospital, of which number one only was successful; but this, I deeply regret to add, was upon the person of a brother-officer. There was abundance of assist-

ance at hand; and, after superintending the transport of all my own wounded by the ambulance wagons, I was glad of a slight respite, after more than forty-eight hours' anxious work. The next day I accompanied two wounded officers to the harbour, for conveyance to Scutari, and on my return reverted to the usual routine duty, as if no stirring events had happened. One curious and remarkable result of this last action was, the very few balls I had to extract; owing to the close proximity of the combatants, they generally penetrated both sides of the limb or body, which was very different at Alma."—*Ibid.* Dec. 9, 1854.

Triplets.—At Berja, in Spain, a primipara gave birth to three infants, having each distinct membranes, and placentas separate. This fact may be interesting in regard to the theory of superfetation.

Cholera at Athens.—Cholera has broken out at Athens, and caused the greatest panic. A considerable part of the population has fled, and the Minister of War has been obliged to place on the retired list a number of officers who, on the first appearance of the malady, quitted their posts.

Medical Appointments in Paris.—M. JOSEPH has been elected to the Chair of Clinical Surgery of the Faculty of Medicine of Paris, vacant by the death of M. Roux. There were nine candidates for the chair.

M. CLAUDE BERNARD has been elected a member of the Academy of Sciences, in the place of the late M. Roux.

M. XAVIER RICHARD, at the close of a brilliant *concours*, has been nominated Physician of the Central Bureau of Hospitals.

University of Edinburgh.—It is stated in the journals, that the number of medical students the present year, in this ancient school, is only 340.

OBITUARY RECORD.—We find recorded, with deep regret, in our late journals, the death of Professor EDWARD FORBES, which took place on the 18th of November, in the thirty-ninth year of his age. Prof. F. was well known by his valuable contributions to natural science, and had only recently been appointed to the chair of Natural History in the University of Edinburgh, as the successor of the late Prof. Jamieson.